	ent Duct System		age 1 of
Site Address:	Enforcement Agency:	Permit Number:	
Enter the Duct System Name or Identification/Tag:			
Enter the Duct System Location or Area Served:			
Note: Submit one Installation Certificate for each duct syst	em that must demonstrate complian	nce in the dwelling	
This certificate is required for compliance for completely new or replacement duct systems in existing replacement duct systems in existing teplacement duct system can also include existing parts of the plenums, etc.) if those parts are accessible and they can be a	dwellings. For existing dwellings, the original duct system (e.g., regist	a completely new o	or
Ouct Leakage Diagnostic Test – completely new or repla	ncement duct system	1	
Enter a value for the Allowed Leakage (CFM) for the duct s	system leakage verification. The va		
Verified Low Leakage Ducts in Conditioned Space criteria Verified Low Leakage Ducts in Conditioned Space (VLI			
or verified low leakage ducts in conditioned space is shown eakage to outside test method must be used to verify duct leatered for Allowed Leakage.	n in the special features section of the	he CF-1R, the	Allowe Leakaş (CFM
☐ Heating system method:	ndler (LLAH) credit, the allowed of the user-specified leakage rate mu- age (specified as a percentage of far	luct leakage may st be used in the	
Enter value for Actual leakage (CFM) in the right column, pressurization test procedure from Reference Residential Apprecia		e duct leakage	Actua Leakaş (CFM
	List Actual Leakage from duct lea	kage test (CFM)	
Pass if Actual Leakage is less than Allowed Leakage		□ P	ass Fa
For complete replacement of duct systems only, if the 6 per est should be performed to verify that the excess leakage is air handler cabinet), and not from other <i>accessible</i> portions installation (No sampling allowed).	coming only from a pre-existing fusion the duct system. A HERS rater List Actual Leakage from s	urnace cabinet must verify the	
	r) are sealed using smoke	□ P	ass 🗆 Fa

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING		CF-4R-MECH-20	
Duct Leakage Test - Completely New or Replacemen	(Page 2 of 2)		
Site Address:	Enforcement Agency:	Permit Number:	
□ Outside air (OA) ducts for Central Fan Integrated (CFI) ve leakage testing. CFI OA ducts that utilize controlled motorize meet ASHRAE Standard 62.2, and close when OA ventilation during duct leakage testing. □ All supply and return register boots must be sealed to the during duct installations cannot utilize building cavities as plus Mastic and draw bands must be used in combination with a connections. DECLARATION STATEMENT ■ I certify under penalty of perjury, under the laws of the State of Central and the certified HERS rater who performed the verification servers the installation complies with the applicable requirements in servers the installation complies with the applicable requirements in the specified on the Certificate(s) of Compliance (CF-1R) approved the temporal of the installation responsible for the installation conforms to the requirements specified.	ntilation systems, shall not be sed dampers, that open only when is not required, may be configurately by the configurately be configurately be configurately be configurately be configurately by the configurately be configurately be configurately by the configurately by the configurately be configurately by the confi	aled/taped off during duct OA ventilation is required to ed to the closed position a of ducts. act tape to seal leaks at duct on this form is true and correct. certificate (responsible rater). is identified on this certificate 2 and RA3 and the requirements submitted by the person(s)	
enforcement agency. Builder or Installer information as shown on the Installation Cer	tificate (CF-6R)		
Company Name: (Installing Subcontractor or General Contractor or			
Responsible Person's Name:	CSLB License:		
HERS Provider Data Registry Information			
Sample Group # (if applicable):	☐ tested/verified dwelling	☐ not-tested/verified dwelling in a HERS sample group	
HERS Rater Information			
HERS Rater Company Name:			
Responsible Rater's Name	Responsible Rater's Signature		
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:		

__Registration Date/Time: _______HERS Provider: _